



InPharmation

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Staff Spotlight

Chase Ament, PharmD

Favorite Quote: "Do not take life too seriously. You will never get out of it alive." ~ Elbert Hubbard



Chase Ament can be found hanging around the main pharmacy or pediatric satellite pharmacy. He was born and raised in California, but moved to the great state of Louisiana in high school. When he is not working, you can find Chase avoiding speed traps on his way to New Orleans to visit his fiancée, dog and friends.

Don't look for Chase at a football game this year because he doesn't know anything about American football! However, you may see him out and about tailgating. If you want to talk football with Chase, be prepared to root for Argentina in the World Cup. After watching a nice game of soccer, head over to Sullivan's for a delicious dry aged steak, one of Chase's favorite meals.

Chase loves to have fun! His hobbies include snowboarding and skydiving. You can always catch him with friends. He loves to make the most of what's going on instead of wasting time trying to capture the moment. This is why Chase has "capture the moment" friends to take pictures for him. When you see Chase around the pharmacy, grab a camera and grab a friend to capture his fun personality and cool hair!

Combatting Antimicrobial Resistance the White House Way

By Kellee Brown, PharmD

Since the discovery of penicillin in 1928, the perpetual overuse of antibiotics has led to a concerning increase in antimicrobial resistance. The Centers for Disease Control (CDC) estimates that two million illnesses and 23,000 deaths occur annually in the United States due to antibiotic resistant organisms. This coupled with the lack of alternative therapies for treatment of these resistant organisms has been recognized as a national problem by our government.

As part of an executive order issued in September 2014, the President called for the creation of a task force to specifically address the growing issue of antimicrobial resistance in the United States. This task force, cleverly titled the Task Force on Combatting Antibiotic-Resistant Bacteria, recently released a comprehensive 5 year plan identifying various actions that should be implemented to counter the problem of growing antimicrobial resistance. The 62 page document, titled The National Action Plan for Combatting Antibiotic-Resistant Bacteria, calls to action not only the healthcare industry but also many key federal agencies. The strategic plan has many moving parts and will require participation from many players in order to successfully make a national impact. To further assist this endeavor, the 2016 Federal Budget will also more than double the current funding for combatting antibiotic resistance, now allocating more than \$1.2 billion to this cause.

Overall, the development of this plan is centered on 5 goals for collaborative action between the U.S. government, foreign governments, individuals, and organizations

responsible for healthcare, public health, veterinary medicine, agriculture, food safety, research, and manufacturing. These national goals include the following:

1. Slow the emergence of resistant bacteria and prevent the spread of resistant infections.
2. Strengthen national one-health surveillance efforts to combat resistance.
3. Advance development and use of rapid and innovative diagnostic tests for identifications and characterization of resistant bacteria.
4. Accelerate basic and applied research and development for new antibiotics, other therapeutics, and vaccines.
5. Improve international collaboration and capacities for antibiotic resistance prevention, surveillance, control, and antibiotic research and development.

The U.S. Government Task Force will monitor the progress that is made to achieve the above outcomes, and the newly created Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria will provide recommendations and advice to the Task Force regarding optimal use of these programs. Additionally, specific numerical national targets that have been proposed, with the majority focused on reduction of Methicillin-resistant *Staphylococcus aureus*, carbapenem-resistant Enterobacteriaceae (CRE), and *Clostridium difficile* infections by 2020.

- **Soliris®(eculizumab):** Added to formulary; restricted to outpatient setting for the treatment of paroxysmal nocturnal hemoglobinuria (PNH) and atypical hemolytic uremic syndrome (Ahus). Must enroll in REMs program and patients must receive the meningococcal vaccination two weeks prior to beginning therapy.

Pharmacy Practice Changes

Order-Entry Reminders:

- New respiratory agents
 - ◊ Ensure no duplication of respiratory ingredients
 - ◊ Refer to FormWeb for appropriate therapeutic interchanges
- Discontinue all herbal medications on admission
 - ◊ Notify MD of changes to medication profile

Combatting Antimicrobial Resistance (cont)

Continued from page 1

Targets for CDC Recognized Urgent Threats:

- Reduce by 50% the incidence of overall *Clostridium difficile* infections compared to estimates in 2011
- Reduce by 60% carbapenem-resistant Enterobacteriaceae infections acquired during hospitalization compared to estimates (~140,000 healthcare-associated *Enterobacteriaceae* infections per year with more than 9,000 CRE)

Targets for CDC Recognized Serious Threats:

- Reduce by 35% MDR *Pseudomonas spp.* Infections acquired during hospitalization compared to estimates from 2011
- Reduce by at least 50% overall MRSA bloodstream infections compared to estimates in 2011
- Reduce by 25% MDR non-typhoidal *Salmonella* infections compared to estimates from 2010-2012
- Reduce by 15% the number of MDR TB infections
- Reduce by at least 25% the rate of antibiotic-resistant invasive pneumococcal disease among <5 year olds compared to estimates

This plan is a roadmap for the next several years with yearly milestones and core outcome measures explicitly stated. While this plan is a step in the right direction, there is still concern regarding the logistics of its implementation, especially in regard to the national budget. It has been speculated that many healthcare systems will not have the means of supporting the Antimicrobial Stewardship Programs (ASP) that will be required in the coming years without some degree of government assistance. Additionally, it has been stated that compliance with this plan will become a requirement for all who are reimbursed through CMS, thus making development of an Antimicrobial Stewardship Program vital. Although there is no optimal template for development of an Antimicrobial Stewardship Program, programs are expected to be modeled after guidelines previously published by ASHP, IDSA, and The Joint Commission.¹ Here at OLOL, our Antimicrobial Stewardship Program focuses on the core elements previously set by these guidelines. Daily stewardship activities are performed such as dose optimization, IV to PO conversions, and de-escalation of broad spectrum antimicrobial therapy. With this endorsement by the national government, we will be able to continuously improve our antimicrobial stewardship program in order to provide our patients with the best care possible. For more information regarding this new initiative, please visit: <http://www.cdc.gov/drugresistance/federal-engagement-in-ar/index.html>

Safety Opportunities:

Oral bulk bottles & DoseEdge

- Pharmacist Duties:
 - ◊ Manually check reconstituted bulk bottles
 - ◊ Initial **ALL** reconstituted bulk bottles
 - ◊ Initial WIP label on bottle
 - ◊ Ensure fluid volume is added in 2 parts to the reconstitution bottle
 - ◊ Ensure complete reconstitution of mixture
- Technician Duties:
 - ◊ Post bulk bottle checked in Simplifi:
 - * Print WIP label from DoseEdge
 - * Attach WIP label to bulk bottle
 - ◆ Simplifi label + WIP label
 - * If preparing the reconstituted bulk bottle:
 - ◆ Alert pharmacists to come watch the reconstitution

Regulatory

Recent FDA Drug Approvals

- **Repatha (evolocumab)**- a new PCSK9 inhibitor antibody indicated as an adjunct to diet and statin therapy for adults requiring adjunct therapy to lower LDL cholesterol. This is a subcutaneous injection administered once or twice monthly.
- **Synjardy (empagliflozin/metformin)**- a combination SGLT-2 inhibitor and metformin for the treatment of hyperglycemia in type 2 diabetes.
- **Promacta (Eltrombopag)**- a thrombopoietin receptor agonist indicated for the treatment of thrombocytopenia in adult and pediatric patients with chronic immune thrombocytopenia who have not had a sufficient response to corticosteroids, immunoglobulins, or splenectomy.
- **Addyi (filbaserin)**- indicated for the treatment of premenopausal women with generalized hypoactive sexual desire disorder (HSDD) not due to the effects of a medication or other drug substance, problems within the relationship, or a co-existing medical or psychiatric condition.

FDA Drug Recalls:

None affecting OLOL.

Are You Ready for the Joint Commission Survey?

- Be alert for a CODE J
- Please have pocket reference on you at all times
- Surveyors are announced on Monday mornings
- Michael or Idowu will be at OLOL at 7 each Monday morning huddle

Drug Supply Chain Security Act

The (DSCSA) was signed into law on November 27, 2013. This law was created in order to help regulate distribution of prescription drugs and protect consumers from potential counterfeit, stolen, contaminated, or otherwise harmful drugs. As part of this new regulation, all trading partners (manufacturers, wholesalers, dispensers, and repackagers) are required to capture and share product tracing information with purchasers when engaging in transactions involving certain drugs. This tracing requirement goes into full effect in November 2015 and trading partners must keep records of these transactions for at least 6 years. Due to this new regulation, hospitals are no longer able to 'borrow/lend' prescription drugs to outside facilities without properly documenting the transaction. To comply with this regulation, any future transactions with outside facilities must be done on a patient-specific/critical need basis and the appropriate form must be filled out and retained by both the parties. This policy has already been implemented at OLOL and these forms are now located in a binder at the pharmacy drop-off window.

LUNCH N' LEARN SERIES

Our Pharmacy Practice Residents will each be conducting a monthly Lunch N' Learn session for our staff. They will be presenting different patient cases and disease states at each session.

Feel free to bring your lunch so you can learn while you eat. The presentations will be from **12:00-12:30pm** on the 1st 3 Wednesdays of each month. Please refer to the Outlook Calendar meeting planner for location. There will be a survey sent out by the residents requesting topics you want to learn about. Please give them ideas on subject matter, whether it's a topic you need to brush up on or are interested in learning more about!

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Dates to Remember

September 23rd: Roshondra Lee and Leroy Harris' Birthdays and Lunch N' Learn

September 24th: Mina Marquart and Kathy McCoun's Birthdays

September 25th: Lance Bourgoyne's Birthday

September 26th: Rachel Mathews' Birthday

September 27th: Angela Bennett's Birthday

October 1st: Felicia Smart-Burnette's Birthday

October 2nd: Newsletter Content Due

October 3rd: Sandra Arvie and Lorlee Dupre's Birthdays

October 7th: Brian Ledet's Birthday and Lunch N' Learn

October 10th: Daniell Fisher's Birthday

October 14th: Angela Deville's Birthday and Lunch N' Learn

October 16th: Troy Neck's Birthday